

FORM PTO-1390  
REV. 5-93US DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE**TRANSMITTAL LETTER TO THE UNITED STATES  
DESIGNATED/ELECTED OFFICE (DO/EO/US)  
CONCERNING A FILING UNDER 35 U.S.C. 371**

ATTORNEYS DOCKET NUMBER

**P05,0144**

U.S. APPLICATION NO. (if known, see 37 CFR 1.5)

**10/531824**INTERNATIONAL APPLICATION NO.  
**PCT/EP2003/011960**INTERNATIONAL FILING DATE  
**28 October 2003**PRIORITY DATE CLAIMED  
**28 October 2002**

TITLE OF INVENTION:

**"SIMPLE ADJUSTMENT OF PRINTING IMAGE AND MACHINE PARAMETERS FOR AN ELECTROPHOTOGRAPHIC PRINTER OR COPIER"**

APPLICANT(S) FOR DO/EO/US

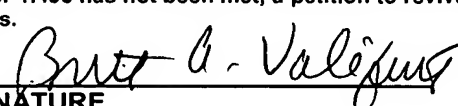
**Ulrich BARDOLATZY, Nejmi ÖLMEZ and Michael FLEXEDER**

Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

1. ☒ This is a **FIRST** submission of items concerning a filing under 35 U.S.C. 371.
2. ☐ This is a **SECOND** or **SUBSEQUENT** submission of items concerning a filing under 35 U.S.C. 371.
3. ☒ This express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay.
4. ☒ A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date.
5. ☒ A copy of International Application as filed (35 U.S.C. 371(c)(2))
  - a. ☒ is transmitted herewith (required only if not transmitted by the International Bureau).
  - b. ☐ has been transmitted by the International Bureau.
  - c. ☐ is not required, as the application was filed in the United States Receiving Office (RO/US)
6. ☒ A translation of the International Application into English (35 U.S.C. 371(c)(2)).
7. ☒ Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. §371(c)(3))
  - a. ☐ are transmitted herewith (required only if not transmitted by the International Bureau).
  - b. ☐ have been transmitted by the International Bureau.
  - c. ☐ have not been made; however, the time limit for making such amendments has NOT expired.
  - d. ☒ have not been made and will not be made.
8. ☐ A translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).
9. ☒ An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). **Unexecuted**
10. ☐ A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).

**Items 11. to 16. below concern other document(s) or information included:**

11. ☒ An Information Disclosure Statement under 37 C.F.R. 1.97 and 1.98; **(PTO 1449, Prior Art, Search Report)**.
12. ☐ An assignment document for recording. A separate cover sheet in compliance with 37 C.F.R. 3.28 and 3.31 is included.
13. ☒ A FIRST preliminary amendment.  
A SECOND or SUBSEQUENT preliminary amendment.
14. ☒ A substitute specification. **Marked up version of Substitute Specification**
15. ☐ A change of power of attorney and/or address letter.
16. ☒ Other items or information:
  - a. ☒ **EXPRESS MAIL #EV 635785645 US Mailed April 18, 2005.**
  - b. ☐
  - c. ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                    |                                                                                                                                                                                                                                                                             |                                      |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------|
| U. S. APPLICATION NO. (if known, see 37 C.F.R. 1.5)<br><b>10/531824</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | INTERNATIONAL APPLICATION NO.<br>PCT/EP2003/011960 |                                                                                                                                                                                                                                                                             | ATTORNEY'S DOCKET NUMBER<br>P05,0144 |              |
| 17. <input checked="" type="checkbox"/> The following fees are submitted:<br><b>BASIC NATIONAL FEE (37 C.F.R. 1.492(a)(1)-(5):</b><br>(Search Report has been prepared by the EPO or JPO) ..... \$1000.00<br>(Includes National Stage, Search, and Examination Fees)<br><br><div style="text-align: right;"><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b></div>                                                                                                                                                                                           |              |                                                    |                                                                                                                                                                                                                                                                             | CALCULATIONS                         | PTO USE ONLY |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                    |                                                                                                                                                                                                                                                                             |                                      |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                    |                                                                                                                                                                                                                                                                             | <b>\$1000.00</b>                     |              |
| Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 C.F.R. 1.492(e)).                                                                                                                                                                                                                                                                                                                                                    |              |                                                    |                                                                                                                                                                                                                                                                             |                                      |              |
| Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Number Filed | Number Extra                                       | Rate                                                                                                                                                                                                                                                                        |                                      |              |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 34-20 =      | 14                                                 | X \$50.00                                                                                                                                                                                                                                                                   | <b>\$700.00</b>                      |              |
| Independent Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6-3 =        | 3                                                  | X \$200.00                                                                                                                                                                                                                                                                  | <b>\$600.00</b>                      |              |
| Multiple Dependent Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                    | \$300.00 +                                                                                                                                                                                                                                                                  |                                      |              |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                    |                                                                                                                                                                                                                                                                             | <b>\$2300.00</b>                     |              |
| Reduction by 1/2 for filing by small entity, if applicable. Verified Small Entity statement must also be filed. (Note 37 C.F.R. 1.9, 1.27, 1.28)                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                    |                                                                                                                                                                                                                                                                             |                                      |              |
| <b>SUBTOTAL =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                    |                                                                                                                                                                                                                                                                             | <b>\$2300.00</b>                     |              |
| Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).                                                                                                                                                                                                                                                                                                                                                  |              |                                                    |                                                                                                                                                                                                                                                                             | <b>\$00</b>                          |              |
| <b>TOTAL NATIONAL FEE =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                    |                                                                                                                                                                                                                                                                             | <b>\$2300.00</b>                     |              |
| Fee for recording the enclosed assignment (37 C.F.R. 1.21(h). The assignment must be accompanied by an appropriate cover sheet (37 C.F.R. 3.28, 3.31). \$40.00 per property                                                                                                                                                                                                                                                                                                                                                                             |              |                                                    |                                                                                                                                                                                                                                                                             | <b>+</b>                             |              |
| <b>TOTAL FEES ENCLOSED =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                    |                                                                                                                                                                                                                                                                             | <b>\$2300.00</b>                     |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                    |                                                                                                                                                                                                                                                                             | Amount to be refunded                |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                    |                                                                                                                                                                                                                                                                             | charged                              |              |
| a. <input checked="" type="checkbox"/> A check in the amount of <b>\$2300.00</b> to cover the above fees is enclosed.<br><br>b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$_____ to cover the above fees. A duplicate copy of this sheet is enclosed.<br><br>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <b>501519</b> . A duplicate copy of this sheet is enclosed. |              |                                                    |                                                                                                                                                                                                                                                                             |                                      |              |
| NOTE: Where an appropriate time limit under 37 C.F.R. 1.494 or 1.495 has not been met, a petition to revive (37 C.F.R. 1.137(a) or (b)) must be filed and granted to restore the application to pending status.                                                                                                                                                                                                                                                                                                                                         |              |                                                    |                                                                                                                                                                                                                                                                             |                                      |              |
| SEND ALL CORRESPONDENCE TO:<br><br><b>Schiff Hardin LLP</b><br><b>Patent Department</b><br><b>6600 Sears Tower</b><br><b>Chicago, Illinois 60606-6473</b><br><b>Customer Number 26574</b>                                                                                                                                                                                                                                                                                                                                                               |              |                                                    | <div style="text-align: center;"> <br/>           SIGNATURE<br/><br/> <b>Brett A. Valiquet</b><br/>           NAME<br/> <b>27,841</b><br/>           Registration Number         </div> |                                      |              |

**Schaumburg Thoenes Thurn Landskron  
New PCT Application**

**Case No. P05,0144 (26970-0371)**

**Client Ref. No. 2002-1020 PUS**

**5 Inventor: Bardolatzy et al.**

**10 Translation / 7 April 2005 / Bullock / 7400 words**

*John Samson*  
0411/4063437.1